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Unimagined Community and Disease in *Ruth*.¹

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Ruth dies of typhus. Contrary to the assertions of otherwise perceptive scholarship, Ruth is *not* a victim of typhoid, cholera, or a sexually transmitted disease.² Although, as Heather Levy has noted, Gaskell omits some of typhus's symptoms, Ruth's condition is largely in line with typical presentation.³ Ruth experiences an oppressive headache, fever, flushed cheeks, fatigue and disordered cognition, temporary lucidity, and delirium. Certain symptoms stressed by Gaskell – amnesia, choreic hand movements, lack of aggression and ataxia – were also identified by mid-century fever specialists as characteristic of the last stages of typhus. William Jenner, for example, who established the non-identity of the two diseases, typhus and typhoid, in 1849, noted that typhus patients were generally inactive, sometimes sinking into a “coma-vigil” (rather like Ruth's waking unconsciousness) that was invariably fatal. The critical impulse to convert that which is clearly identified as typhus into a disease more readily explicable in terms of sexual transgression and punishment is understandable given the novel's principal subject, but this critical move does disservice to the novel's attention to contemporary medical theory and practice. If we insist on reading Ruth's death only as a

¹ This work was supported by the Wellcome Trust [101771/Z/13/Z].

² Kate Flint names typhoid instead of typhus (21). Allan Conrad Christensen names typhus, but identifies it with venereal disease, noting a popular association between diseases of urban degradation, such as typhus, and ‘areas’ where ‘sexual immorality also flourishes’. He therefore reads Ruth's typhus as ‘a sort of venereal disease’ (22). R.K. Webb sees Ruth's work as a nurse in a ‘cholera epidemic’ as the last act in a ‘succession of penances’ (166). Amanda Anderson's landmark reading of *Ruth* (to which this essay is indebted for its insights into Gaskell's depiction of radically intersubjective forms of consciousness) also misidentifies cholera as the cause of death (127). These minor misreadings may seem trivial, but the prevalence of such errors in criticism of this novel indicates a lack of critical interest in the pivotal typhus chapters. One aim of the present essay is to consider what a reading of *Ruth* that is attentive to the typhus epidemic – as the cause of Ruth's death, but also as a critical event in its own right – might reveal.

³ Like the present essay, Levy's reading is attentive to the aetiology and symptomatology of typhus in *Ruth*, but in her depiction of typhus as a mechanism for the delivery of moral judgment, Levy differs significantly in her conclusions. For Levy, ‘typhus fever is the vehicle of castigation’; Ruth's death, therefore, ‘advances the conventional Victorian moral tone that the novel ultimately endorses’ (86).

consequence of her relationship with Bellingham/Donne, then we fail to acknowledge that which Florence Nightingale praised – Gaskell’s depiction of the development of a hospital matron (qtd. in McDonald 785). Criticism that interprets Ruth’s career as a paid nurse as a marker of her social degradation fails to acknowledge the professional identity that *Ruth* helps to create.

The critical tendency to reduce the meaning of the typhus epidemic to the intimate relation between Ruth and Bellingham also diverts attention from another of the novel’s major achievements: its depiction of an *unimagined* networked community, traceable by the circulation of typhus, that extends beyond the known – or, rather, *imagined* - social and political limits of kinship, town, region, and nation. The “meanwhile...” plot structure that Benedict Anderson proposes as a precise analogue for the idea of nation is at work in *Ruth*, but, crucially, it proceeds in advance of the understanding of the focalizing characters (22-33).⁴ *Ruth* is concerned with the activity and movement of members of a community who fail to imagine each other’s existence and their community’s extent.

I borrow this idea of the unimagined community from Robert Thornton’s recent anthropological study of sexual networks and HIV prevalence. The network through which HIV is transmitted can be made visible through the analysis of epidemiological data using network theory, but it is invisible to its constituents. Thornton explains that the constituents of sexual networks “do not represent the extent, size, pattern, or even existence of these networks either to themselves or to social scientists. Thus, unlike the explicit networks of friendship or kinship, the sexual network is an invisible community; it is *unimagined*” (Thornton xviii). The network through which typhus is transmitted in *Ruth* is perceived by

⁴ Mary Mullen’s essay in this collection also responds to Anderson, but introduces a productive distinction between the novel’s ideological commitment to national unity and its representation of a ‘heterogenous present’. In *North and South*, Mullen argues, ‘national, temporal consensus is one of the *ends* of the novel rather than an organising principle within the narrative’, and that end is not fully achieved within the diegesis. *Ruth*, however, does achieve a moment of unity in its closing pages, which I discuss in my essay.

the narrator and represented to the reader, but it is invisible to the constituents of the network. Its composition is in part determined by familiar, visible connections structured by kinship and shared urban space, but it is also influenced by less visible extended connections: trade networks, international military campaigns, and transport systems. The network's real density and extension are not fully visible until typhus brings it into view. At the same time that Dickens was using communicable disease to make visible the common society of aristocrats and crossing sweepers in *Bleak House* (1852-53), Gaskell used typhus to reveal the real interconnectedness and broad scope of a fallen woman's community. Ruth, in her shame, and her accusers, in their anger, wish that she could be isolated from that community. Their desire might seem to be gratified in the closing chapters, when Ruth combats the typhus outbreak within the "lazar-house" (343). The designation of the Infirmary as a lazaret-house, a term associated with quarantine, could be read as a marker of Ruth's isolation from the interconnected social body; but far from being cut off from the community, within the Infirmary Ruth is revealed to be at the centre of a dense web of social and professional connections. Typhus, disclosing the community's form (that of a network) and scale (international), demonstrates the idea of moral quarantine to be an impossible fantasy.

Barriers

Ruth imagines the world as a system of boundaries and barriers that can (and should) separate her from those she loves. A horizon to Ruth marks not merely the limits of perception, but the limits of community. Abandoned by Bellingham, Ruth looks out onto the "immovable mountains" that separate her from her lover: they represent "the barrier horizon" that she has failed to traverse and will not attempt again (81). That horizon in Ecclestone becomes a "hilly line" that bounds her world (114). Ruth's sense of her own boundedness shapes her response

to the discovery of Leonard's illegitimacy. In a state of acute distress (figured as mental and physiological), Ruth comes to believe that her removal is necessary to save Leonard from disgrace: "[i]f she were away, and gone no one knew where – lost in mystery, as if she were dead – perhaps the cruel hearts might reflect, and show pity on Leonard; while her perpetual presence would but call up the remembrance of his birth" (281). Ruth's spatial imagination leads her to confuse distance and memory: sufficient distance (being "away") is necessary to permit her offence to be expunged from the community's memory. As such, her instinctive response to remove herself from the community enacts the policy of Urania Cottage, the philanthropic project of Angela Burdett-Coutts and Charles Dickens. In 1850, Gaskell sought Dickens's advice in the case of a sixteen-year old female prisoner named Pasley who had been seduced and abandoned by her doctor. Gaskell wished Pasley to emigrate "with as free and unbranded a character as she can; if possible, the very fact of having been in prison &c to be unknown" (*Letters* 61). She may not have shared Dickens's views on the dependence of the fallen woman's redemption on exile, but Gaskell did believe that Pasley was vulnerable to further exploitation. Emigration was necessary to preserve Pasley from real, present hazards; crucially, however, this solution is rejected for Ruth. Gaskell represents Ruth's fevered fantasy of self-isolation as an idea born of temporary mental derangement and reasoning from false principles. It would have separated her from her child and removed the best influence on his character.

Ruth's most vocal exponent of moral quarantine, Bradshaw, demonstrates the incompatibility of notions of ineradicable impurity and moral isolationism with Christian charity. Bradshaw imagines morality in terms of disease geography, drawing "a clear line of partition" between "the two great groups" of mankind (the saved, and the rest) (262). This moral *cordon sanitaire* governs his condemnation of Ruth: if good depends on its separation from evil for its continued existence, then the innocent must be kept apart from the tainted. A

“fallen and depraved” woman is not fit to associate with his “pure children” (284). His logic leads ineluctably to condemnation of her child, that “heir of shame” whose association with his “innocent” children could have “contaminated” them (275). He repeats the charge to Benson: “the usefulness [of employing Ruth in Bradshaw’s home] was to consist in contaminating my innocent girls” (283).

In 1853, Bradshaw’s rhetoric would have been perceived to depend on shaky foundations. Lazarettos and quarantine policies were the subject of political and medical controversy in the late 1840s. Criticism of quarantine was not confined to those with economic interests in its relaxation: popular opinion held that Britain’s quarantine laws were inhumane and ineffective, particularly in the aftermath of the 1845 *Eclair* controversy, as Mark Harrison has shown. The *Eclair*, a steam-sloop deployed by the British navy against the West African slave trade, had a disastrous return voyage from Sierra Leone, losing most of her crew to what was probably yellow fever.⁵ When the ship returned to Britain on 28th September 1845 with less than a third of its original crew, she was placed in quarantine at Stangate, where five more men became sick and died (Health, 1852 93). These deaths in British quarantine were regarded as a national disgrace, the unnecessary consequences of an archaic practice, and were criticised in strong terms in the press and by the Navy (Harrison 80-101). The *Eclair* is cited in the General Board of Health’s first *Report on Quarantine* (1848), which argued that local atmospheric and sanitary conditions, not contagion, were the most important factors influencing the spread of disease, and therefore proposed “the entire discontinuance of the existing quarantine regulations in this country and the substitution of

⁵ An epidemic fever devastated Boa Vista, one of the Portuguese Cape Verde Islands, shortly after the *Eclair* was permitted to dock there. Local voices identified the *Eclair* as the origin of the disease, but to have admitted the identity of the fevers of the *Eclair* and Boa Vista would have been problematic for the Portuguese authorities. See Harrison on the official Portuguese investigation, the various reports commissioned by the Admiralty, and their reinterpretation by the anticontagionist General Board of Health (80-101).

sanitary regulations” (Health 127).⁶ Although *Ruth* represents typhus as a contagious disease, like most of her contemporaries at this time, when anticontagionism was at its height, Gaskell’s idea of epidemic disease was influenced by anticontagionist thought. Her husband William Gaskell worked with a sanitary committee to plan for potential cholera epidemics, and in a letter of 1854 on the Soho cholera epidemic (the same that was mapped by John Snow), she deferred to Florence Nightingale as the last of several authorities who held cholera to be “*not* infectious” (Uglow 300; *Letters* 211). Quarantine, in 1853, was an unpopular practice, seen as archaic, unnecessary, and inhumane. It has no part to play in *Ruth*, neither as a medical protocol, nor as a model for the moral management of fallen women. It is the treatment of the sick *within* the community that stems the typhus epidemic, and it is the acceptance of the fallen woman *within* the community, not Bradshaw’s programme of exclusion, that allows Ruth to escape the usual fates of fictional fallen women.

Ruth’s Map: Imagining Distance

Jonathan Grossman recently has shown how Dickens’s novels create ways of understanding the rise of a networked community structured by integrated, extensive public transport systems. Most pertinent to the present discussion is Grossman’s fine reading of interconnectedness and perspective in *Little Dorrit* (1855-57), in which two intertwined plots reveal an extended, international community formed of overlapping social, temporal and physical connections, few of which are visible or comprehensible to the novel’s characters. In *Dorrit*, he explains, the “density and extensivity of people’s interconnections exceeds their capacity to grasp them” (Grossman 195). A similar challenge faces the reader of *Ruth*: a

⁶ The *Eclair* controversy is also discussed at great length in the General Board of Health’s *Second Report on Quarantine* (89-118).

dense and extensive network of connections must be inferred if we are to make sense of Eccleston's typhus epidemic, but that network's existence is only dimly and fitfully grasped by the characters. Like *Little Dorrit*'s cast of international travellers, *Ruth*'s characters are repeatedly surprised by apparent coincidences and truncated chains of separation. The distinction I draw between *Dorrit* and *Ruth* is the visibility of the network within the diegesis. Dickens's characters, Grossman observes, "project an omniscient-like view" of the system within which they know themselves to be circulating; their difficulty is that they know their understanding of their network can only ever be partial (195). In contrast, *Ruth*'s characters consistently fail to imagine the network's existence, their understanding lagging behind its rapid development. The novel depicts a society in transition, one that has not yet grasped the impact on "remote" communities of the extension of the canal, road and railway networks, innovations in road surfacing, expansion of commercial shipping, increased international trade, and military action overseas. Such political and commercial "imperial networks" both "increased the speed and frequency of communications between hitherto disparate territories" and "presented new opportunities for the passage of disease" (Harrison 81). *Ruth* draws attention to the disparity between the perceived remoteness of any given community, and its actual connectedness within imperial networks. Regular, predictable, systematized connections link the novel's loci (Fordham, Llan-dhu, Eccleston, Abermouth) to the capital and to each other; but the novel's characters, particularly *Ruth*, perceive them to be more remote than they are proved to be by the typhus epidemic.

On two occasions, *Ruth*'s difficulty in thinking about distance leads to crisis. Her mistaken belief that her childhood home is inaccessible from Fordham enables Bellingham to gain her confidence: *Ruth*'s nostalgic lament for "the dear old Grange, that I shall never see again" is punctured by his practical correction that "it is only six miles off; you may see it any day. It is not an hour's ride"; if they walk, they could manage the journey in two and a

half hours “without hurrying” (36). In Llan-dhu, Ruth continues to struggle to understand distance. The village, easily accessible by mail coach and packed with tourists, is not actually remote, yet she is baffled by Benson, an Englishman who “knew the country and the paths so perfectly he must be a resident” (56). Bellingham and Benson are both repeat visitors, familiar enough with the village to know its terrain, to be on friendly terms with its residents, and in Benson’s case, to have learned its language. This familiarity with the landscape and people of the national periphery is made possible by the stagecoach’s contraction of travelling time. Abandoned by Bellingham, watching his coach climb the mountain pass to Pen trê Voelas, Ruth does not understand that what appears to be “a snail’s pace” is actually much faster than her best speed on foot, and so ensues the tragic spectacle of Ruth attempting to overtake a coach: “Every time it was visible it was in fact more distant, but Ruth would not believe it” (76-77). Ruth’s imagination remains that of the pedestrian. As she descends into despair, William Wynn, the village post boy, traverses the “barrier horizon” multiple times, travelling by coach between Llan-dhu and Pen trê Voelas with letters about Ruth.

The relative ease and speed of the journey from Llan-dhu to Eccleston by mail coach ought to have warned Ruth and the Bensons that Ruth’s false identity would one day be discovered. They are not journeying to a remote sanctuary; they are speeding through an efficient, well-travelled network. That efficiency, and the technological innovation that made it possible, is signalled by the Bensons’ method of travel. The Bensons travel outside the coach for economy, a mode of transport enabled, as Grossman notes, “by the smoothing power of engineered roads and effective spring-suspension systems” (34). They are accompanied on their journey by a jolly woman who tells of her three sons, all soldiers and sailors, living “here, there, and everywhere,” in America, China, and Gibraltar (107). This cameo from a fellow traveller is a rare articulation of the “meanwhile” plot structure: the jolly mother “can laugh and eat and enjoy” while her son is “in China, making tea.” precisely

because she can imagine her son's simultaneous existence, though they are separated by distance (107). Ruth never attempts this imaginative leap, never speculating as to what Bellingham might be doing while she is suffering. He has left: he is lost to her. Ruth's sense of a bounded world prevents her from imagining the mundane continuation of existence beyond her immediate environment. Her idea of community depends on place rather than time, hence her unformed plan to expunge memory of her disgrace by going "away", a stratagem that depends upon a wholly spatial, atemporal model of community. Simultaneity, and the idea of 'meanwhile', form no part of Ruth's imagined community.⁷ *Ruth*, however, gradually discloses an idea of community dependent less on space than on connections extending through time.

Two coincidences, necessary for the advancement of the plot, are made plausible by the novel's attention to geographical and social connectedness. The political manoeuvres of Bradshaw will eventually bring Bellingham to Abermouth, where he will confront Ruth, and the mercantile ambitions of Mrs Pearson, a relative of her former employer, will bring knowledge of Ruth's past to Eccleston. Travelling is thought to be difficult; it proves to be easy and efficient. Abermouth, which Leonard believes is "far more distant and inaccessible than the beautiful blue sky," can be reached by rail in time for dinner (210).⁸ The mechanism of Ruth's public disgrace is significant. The catastrophe of Ruth's life – the revelation of Leonard's illegitimacy to Eccleston – is brought about by the movement of information through her social network, and through a branch of which she has no knowledge. Disaster is precipitated by a chance conversation between Jemima Bradshaw and Mrs Pearson, who passes information about Ruth to the gossips of Eccleston. Ruth does not know of, and never

⁷ Ruth's idiosyncratic, problematic experience of time intersects with Mullen's revision of Anderson's model. Unable to experience the common understanding of time exemplified by her commercially-minded fellow traveler, Ruth is, at this point of the novel, not a constituent of any community.

⁸ Rob Burroughs's essay in this collection identifies Abermouth as a critical site where past and present can be brought together, and into focus.

meets, Mrs Pearson. Even before typhus makes visible the density and extension of Ruth's community, the existence of a network is evident in the movement of information. The Bensons brought Ruth to Ecclestone in the belief she could "go into quite a fresh place, and be passed off as a widow", but their idea of a fresh place is a relic of an earlier time, when the nation was less densely interconnected (99). As Faith Benson attempts to teach Ruth about Ecclestone, her new home, Ruth is likened to "a child who gets a few pieces of a dissected map, and is confused until a glimpse of the whole unity is shown him" (116). The map represents Ruth's community, its dimensions and hierarchies patiently delineated by Faith Benson; but as the novel's perspective expands to register Parliament in London and the slow progress of typhus, the dissected map becomes emblematic not only of Ruth's (in)comprehension, but of the general condition of knowledge. A community is always greater than any constituent's concept of it.

The pieces of the dissected map come together in the novel's closing chapters, revealing the community's extent and dimensions through the communication of typhus. It comes "creeping, creeping, in hidden slimy courses" in a wet and cold "early autumn," in the immediate aftermath of a "national triumph of arms" that opens "a new market for the staple manufacture" of Ecclestone, bringing to an end a "year or two" of depressed trade (342). Typhus is introduced through a meanwhile plot structure: Gaskell quickly sketches three plots (the revival of trade, a projected election, balls for the "shopocracy") that develop concurrently with typhus's progress through the community (342). "*While* the town was full of these subjects by turns" [my emphasis], typhus is detected "in the low Irish lodging-houses" by Catholic priests (342). Attacking first the impoverished and disenfranchised, it spreads in advance of the capacity of individual medical practitioners to determine its epidemic status.

Before the medical men of Ecclestone had had time to meet together and consult, and compare the knowledge of the fever which they had severally gained, it had, like the blaze of a fire which had long smouldered, burst forth in many places at once – not merely among the loose-living and vicious, but among the decently poor – nay, even among the well-to-do and respectable (342).

Typhus's virulence reveals the real nature and composition of the community of Ecclestone – the co-existence of the respectable, the decently poor, and the previously unmentioned Irish. Moreover, Gaskell's careful delineation of the situation in which typhus becomes epidemic – the decline and revival of trade, the national triumph of arms, the existence of an impoverished migrant community – represents Ecclestone in a new aspect. Ruth's remote sanctuary is incorporated within national political networks and international trade networks, it has a large migrant community, and it is dependent on international military action for its economic prosperity. *Ruth* charts the integration of remote communities within the informal imperial network using that most visible of biomarkers: communicable disease. Ruth lives in a time of increasingly rapid circulation of people, goods, rumours and disease; had she lived in a less mobile age, she might have been able to escape her past.

Isolating Typhus

Gaskell makes the movement of typhus an index of the true scale and connectedness of the community, but typhus is not a neutral biomarker. A generic fever would have served the purpose of dispatching the heroine, and in earlier episodes in the novel, Gaskell is content to leave the nature of disease unspecified. The late introduction of a specific disease, and one that was generally accepted to be contagious (except by the most extreme proponents of anticontagionism), is significant. Typhus was a migrant who had settled in Britain's slums. In

the Victorian popular imagination, typhus was the virulent “gaol fever,” “ship fever,” “Irish fever,” and “camp fever” that destroyed armies. It was associated with overcrowded prisons and ships, with famine and diaspora, with urban degradation, and with international conflict. Typhus had been the constant attendant of war in Europe since the sixteenth century, and in living memory, it “held the epidemiological sway” in the Revolutionary and Napoleonic Wars (Smallman-Raynor and Cliff 102). It was the predominant cause of mortality in the retreat from Corunna, and it was typhus that ended Napoleon’s Russian campaign (Smallman-Raynor and Cliff 104-8; Talty). It wrought devastation on the malnourished, vulnerable population of Ireland during the Famine, and on the Irish diaspora who lived in overcrowded accommodation in British urban centres (Spink). Primarily a louse-born disease, typhus increases in prevalence in overcrowded environments and where personal hygiene is neglected. Of the communicable diseases, only typhus and tuberculosis have such a “broad environmental ecology,” the key determining factors in typhus prevalence being “domestic and working conditions, ... cleanliness, ventilation, and personal hygiene, and the economic rhythms of society”. “It appears wherever poverty, crowding, and insanitary conditions prevail, in times of social dislocation, and principally in the winter months” (Hardy 191-92). Gaskell’s attention to temperature, economic depression, and overcrowding is astute. Prison reform, improved conditions in military hospitals and on board naval ships, and the sanitation movement achieved a dramatic decline in incidence over the course of the century, but at the time of *Ruth*’s genesis, typhus’s impact on the urban poor and those who attended them was severe (Spink; Zinsser). Typhus had been epidemic in England in every year since 1837, reaching peak mortality in 1847 (Loether). It was increasing in incidence and in visibility, appearing more frequently in mortality statistics, recorded hospital admissions, and as the subject of published lectures, treatises and case histories.

Gaskell's depiction of the management of typhus in the Ecclestone Infirmary correlates with its management in mid-century Manchester. The Ecclestone Infirmary shares key practices with the Manchester Royal Infirmary and the Manchester House of Recovery, a specialist fever hospital. The House of Recovery was established in 1796 "to meliorate the condition of the poor, to prevent the generation of disease, to obviate the propagation of them by contagion and to mitigate those which exist by providing comforts and accommodation of the sick" (Sutherland 23). Patients were carried to the House in a sedan chair reserved for their use, and upon admission their linen and bedclothes were removed, washed, and aired on the House's own drying green. No visitors were admitted without authorisation from a doctor, and although the attending physicians held positions at other institutions, the House had its own Resident Clerk, Matron, fever nurses, and servants (Sutherland). The 1847-8 typhus epidemic overwhelmed the House: in 1847, every bed was full and a temporary hospital was established to accommodate the overflow. By 1850, the funds of the House were depleted by the expense of treating epidemic fever and the withdrawal of financial support from the civil authorities, and the House was incorporated into the Infirmary in 1852 (Sutherland; Pickstone). The civil authorities seem to have been persuaded by the General Board of Health's argument that it was the *concentration* of cases in confined spaces, not contagion, that increased typhus's virulence and caused epidemics, and advised the Infirmary to house fever patients on the general wards (Health 45-46). The Manchester trustees were unconvinced and separated the Infirmary's new fever wards from the general wards with partitions and a dedicated access staircase (Renaud 132; Sutherland 38). Although incorporated within the financial and physical structure of the Infirmary, the House's architecture of isolation continued to govern the treatment of fever patients and the organisation of staff. Gaskell recreates these conditions in the Ecclestone Infirmary. Gaskell stresses the isolation of cases within dedicated fever wards staffed by specialists – the

“customary staff of matrons and nurses” - and swift isolation and transport of patients: “[a] portion of the Infirmary of the town was added to that already set apart for a fever-ward; the smitten were carried thither at once, whenever it was possible, in order to prevent the spread of infection; and on that lazar-house was concentrated all the medical skill and force of the place” (343). Access is restricted, and Ruth lives within the Infirmary during her tenure.

The years of typhus’s peak incidence and the closure of the House coincided with Gaskell’s acquaintance with Charles William Bell, a Manchester physician with a special interest in fever who worked at the House and Infirmary. The Gaskells and the Bells socialised together and assisted each other: in 1850, Gaskell informed Eliza Fox that she had involved Bell in a plan to honour the philanthropy of Thomas Wright, and was also reading his daughter’s manuscript novel (*Letters* 63). Bell, nephew of the surgeon and anatomist Sir Charles Bell, had become interested in fever during his early career in Persia. He was appointed at the Manchester Royal Infirmary in 1847, and was attending physician at the House from 1848-52, the period of typhus’s greatest prevalence and mortality (Brockbank 25-7). Bell seems a plausible source for *Ruth*’s representation of typhus and its treatment.

In the immediate aftermath of the Manchester typhus epidemic, Bell developed a theory of fever causation. The prompt for this appears to have been a lecture on typhus delivered at the 1848 meeting of the Provincial Medical Association by William Davies of Bath, which Bell praised for its distinguishing of communicable and non-communicable fevers (Bell, “Lecture” 647). In the following year, Bell delivered the address in medicine to the Association, and he complicated Davies’s theory. Like many of his contemporaries, Bell responded to anticontagionism by developing a multifactorial idea of disease causation informed by Justus von Liebig’s organic chemistry (Pelling). There were, Bell argued, three causes of epidemics: specific poison, which always produced contagious disease; putrefaction of organic matter, which could be communicated but did not necessarily produce contagious

disease; and epidemic influence, which was never contagious. Bell's classification of typhus overlaps with the characterisation of typhus in *Ruth*. Bell classed "Irish typhus" as a combination of the first and second classes: it had been brought to Britain by Irish refugees from famine, and had combined with endemic "putrid fever" (Bell, "Address" 20). So too in *Ruth*, typhus is an endemic "fever which is never utterly banished from the sad haunts of vice and misery," but becomes epidemic within the Irish population (342). It is also, clearly, a contagious disease, as Bell insisted in his writings on typhus. When asserting the contagiousness of typhus, Bell referred back to Davies's lecture, specifically to his account of his first encounter with typhus, in which he was able to conduct a miniature epidemiological study and trace the outbreak "distinctly to an individual" (Bell, "Address" 22). The name of that individual and the progress of typhus charted by Davies will be familiar to readers of *Ruth*. On 4th March 1848 a man "named John Dunn" was admitted to the Bath United Hospital with typhus, which his neighbour in the ward then contracted (Davies 10). Bellingham, at the time he lies delirious with typhus in *Ruth*, is known as Donne. Davies described a second history of infection from the same epidemic, in which a ward nurse contracted typhus from a female patient whose "delirium [was] of a more active character than usual," which therefore brought the nurse into "more frequent and immediate contact with her than is commonly necessary" (10). Bellingham shares this atypical mania: in his typhus delirium he becomes a "wild, raging figure" (357). A third case was traced to an "Irish woman" (Davies 9). The parallels between Davies's published lecture and *Ruth* are intriguing: Dr. Davies of Bath becomes Mr. Davis, surgeon; the Irish woman becomes the Irish population; Dunn becomes Donne; and Donne/Bellingham acquires the unusually active delirium of the patient who exhausted the nurse. It is by no means certain, or even probable, that Gaskell read Davies's published lecture; but her familiarity with Bell at the time of

Manchester's typhus crisis makes it plausible that she heard a version of Bell's favourable account of Davies's small but compelling demonstration of typhus's contagiousness.

Bell wrote forcefully on the malign consequences of denying the contagiousness of typhus. Contrary to the stated opinion of the General Board of Health, he wrote, "contagion is the one and only means by which this disease is propagated ... though its diffusion may be favoured by atmospheric and other causes" (Bell, "Address" 21). It did not necessarily follow, however, that typhus should be made a quarantinable disease. Although Bell believed that "an efficient system of quarantine against the introduction of specific typhus from Ireland" could have saved thousands of lives, he concluded that, with the disease already in circulation in Britain, "it would be absurd to maintain quarantine for this purpose" (Bell, "Address" 34-35). As with *Ruth's* dreams of a moral *cordon sanitaire*, quarantine is dismissed as an idealist's fantasy. This should not, though, dissuade medical practitioners from isolating the sick in fever hospitals: this practice, he insisted, was "the only means by which the poor have it in their power to preserve their families and neighbourhood from infection" (Bell, 'Address' 39).

Purification

Bell acknowledged that quarantine could have prevented typhus from becoming epidemic, but he insisted that to attempt it in the present age was futile. The barrier between England and the domain of typhus had already been breached, and the disease had become endemic. *Ruth* makes a similar criticism of moral *cordon sanitaires*. In a densely interconnected and extended community, the isolation of the impure from the pure, even if we admit the categories, is impossible. Gaskell develops an alternative way of imagining moral impurity, one more in sympathy with her Unitarian faith, that reconfigures purity as a gradual, effortful

process of purification. Ruth's purification takes the form of reconciliation with her community, and, ultimately, improves that community's knowledge of itself. As such, her purification overlaps with the Unitarian idea of atonement as a state of being at one with fellow humanity (literally 'at-one-ment'), rather than 'expiatory sacrifice' (Webb 166). The spotted woman who in Bradshaw's moral schema would be separated from the community for fear of staining the pure, is instead expected to work out her redemption within the community. Real at-one-ment *must* be instantiated in a social setting, and cannot take the form of lonely penance. In Ruth's work as a nurse, a healer, and a moral exemplar, we can see Gaskell imagining a form of domestic mission. Unitarian domestic missions established to relieve poverty, Webb observes, emphasized individual moral examples, one-on-one relationships, and common humanity (147). Ruth's career fulfils the demands of atonement and the domestic mission. In the fellowship she establishes with and between sufferers, she achieves atonement not through her death, but through her reconfiguration of her community.

Before Ruth returns home from the Infirmary, she submits to a procedure of "purification" recommended by Davis, the Infirmary's surgeon (347). The term "purification" is, by this late point in the novel, strongly associated with moral and spiritual improvement. Gaskell's application of "pure" and "impure" differs from conservative Victorian usage: "pure" is repeatedly applied to Leonard, the illegitimate child (132, 134); to the "Christian standard – that divine test of the true and pure" that Bradshaw fails to meet in his electioneering (212); and to Ruth's love for the father of her child (156). In place of the absolute dichotomy of purity and impurity, Gaskell substitutes a process of purification. This process was foreseen by Benson for Ruth from the moment they learn of her pregnancy: her reverence for her child, he asserted, "will be purification" (97). And, just as Benson predicted, at moments of crisis – when Leonard is born, when she meets Donne/Bellingham – Ruth prays for purification. This desire is natural to motherhood, Gaskell stresses: mothers

“pray to God to purify and cleanse their souls,” for their children’s sake (133), and it is in the immediate aftermath of Leonard’s birth that Ruth begins the “hours of spiritual purification” that bring painful consciousness of Bellingham’s selfishness (134). Purification is equated with a mother’s (not a maiden’s) love, selflessness, and hard-won knowledge. Purity here, notably, is *not* innocence: it is an aspiration engendered by knowledge of one’s own imperfection.

Initially, the concept proves difficult to grasp: Faith Benson holds the doctrine to be “questionable morality,” and Jemima Bradshaw is reluctant to accept that Ruth might have “worked her way through the deep purgatory of repentance up to something like purity again” (97, 265). It is recognition of her own imperfection that enables Jemima herself to be “purified from pride” (299), and to accept that there is not “the faintest speck of impurity” in Ruth (211). *Ruth* is not a story of fall and delayed punishment: it is a story of coercion, stigmatisation, and communal reconciliation. It describes the reconfiguration of the meaning of impurity and recognition of common imperfection. Purity, an ideal, absolute state, becomes a process of *purification*, in which that which is contaminated may be healed.

Hostile reviews of *Ruth* challenged its critique of the rhetoric of moral quarantine. Purification reverted to purity in *Sharpe’s London Magazine’s* protest against the “communion” of the maiden and the “spotted woman” (Easson 209). The *Christian Observer’s* critique was an explicit defense of the moral *cordon sanitaire*:

“Ruth,” the heroine of the volumes, has offended against those laws of God and man which bind a woman to purity of life and conversation. ... [W]e ourselves, poor offending creatures, ought to forgive her. But we believe that society would sustain the deepest injury if, in virtue of this act of forgiveness, we were to rebuild the bridge of general intercourse between the guilty and the pure ... Virtue needs all the guardians she can have in this “naughty world,” and one of them is, those fences

which society has erected to exclude from the common haunts of society the notoriously guilty, though they may also be the sincerely contrite (Easson 314-15).

Conversely, favourable reviews embraced the novel's reconfiguration of the language of disease and purification. George Henry Lewes set Bradshaw's favourite slur in scare quotes: "If she be *called* a widow, no one will be 'contaminated' by her" (Easson 216). John Forster enthusiastically adopted Gaskell's language and idea of purification:

Ruth grows in purity and goodness; whatever had been weak in her character becomes strong for her child's sake ... the very mark of her shame (a thought worked out to the last of this book with wonderful spirit and unflinching truth and courage) become the motive and the means of her purification (Easson 221).

Similarly, *Bentley's Miscellany* recognised *Ruth* as "the history of one strengthened and purified by a fiery trial ... a leper whose leprosy is cleansed" (Easson 240).

I would take *Bentley's* assessment further, and reiterate that which Nightingale stressed: *Ruth* celebrates the possibility of healing and the achievements of medical professionals. *Ruth* predates the secular beatification of Nightingale, but its recognition of nursing as a profession, particularly the special professional and *moral* identity of the fever nurse, is in line with contemporary medical opinion. For example, the physician Robert Graves stressed the special skilfulness of the fever nurse, particularly in managing patients "who are ... in a state analogous to insanity ... during a course of typhus fever. There is a necessity for moral management in fever as well as in insanity, and this is understood only by an experienced nurse" (115). Ruth's career, and her purification, should be understood in this context.

The scene beneath the Infirmary's window, in which Leonard hears the families of those Ruth has served praise her skill, contains a passionate rejection of the reading of Ruth's service as degradation. Such service strengthens and purifies. To the accusation that "she has

been a great sinner, and this is her penance,” an old man whose daughter died in Ruth’s arms responds angrily that Ruth “has never been a great sinner; nor does she do her work as a penance, but for the love of God” (346). His clarion call is answered by “a clamour of tongues, each with some tale” of Ruth’s work (347). Here Gaskell reveals the invisible network Ruth has circulated within, the scale and extent of her movements unknown until this moment, when typhus draws the community together. “Few were aware how much Ruth had done’, for she does not speak of her activity: like the silent and invisible movement of typhus among the Irish poor, Ruth’s silent and invisible work has gone unwitnessed until it suddenly breaks out into the open, made known at last through the ‘overwhelming’ clamour of the crowd” (347). The force of this moment compels Leonard to make contact with the community for the first time since he learned of his disgrace, drawing him into the crowd and prompting his proud declaration of affinity with Ruth.

Ruth closes with markers of the community’s esteem for its saviour: the praise of the massed poor, the formal thanks voted by the Board (presumably the local Board of Health), and the crowd at Ruth’s funeral sermon. It is meaningful that this gathering is composed both of Ruth’s intimate associates and a mass of unknown figures. As typhus revealed the extent of the community, bringing it into view at the Infirmary, so the sermon reveals Eccleston’s unknown, unrecognised aspect. The community is no longer unimagined, but nor does it need to be imagined, for in the closing pages of the novel the community is *represented* in its entirety, in one place, at one time, brought together by their common loss. The whole community can be perceived from a single point of view: that occupied by Mr Benson in the pulpit.

From the pulpit, Mr Benson saw one and all—the well-filled Bradshaw pew—all in deep mourning, Mr Bradshaw conspicuously so ... —the Farquhars—the many

strangers—the still more numerous poor—one or two wild-looking outcasts, who stood afar off, but wept silently and continually. (368)

The ranks of those whom Ruth has served and saved, that vast network encompassed by “one and all”, greatly exceeds the small community described by Faith Benson when Ruth first came to Eccleston. Beneath the windows of the Infirmary and from Benson’s pulpit, the reader of *Ruth* finally glimpses that vision of “the whole unity” that Ruth could *not* see in her dissected map (116). The respect paid to the purified woman by those she has healed and the revelation of the community’s true size and extent is a powerful rejoinder to the rhetoric of moral contamination.

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